

P.A.C.E.
Public Access Committee of Eastham

Permanent Resident ☐ Non-Resident Taxpayer ☐ Summer Visitor ☐

Please indicate disabilities that apply to your household: Age (Optional) _____

Hearing Impaired ☐
Deaf ☐

Vision Impaired ☐
Legally Blind ☐
Blind ☐

Mobility Impaired ☐

Use of :
Manual Wheelchair ☐
Motorized Wheelchair ☐
Walker ☐
Crutches ☐
Cane ☐
Brace(s) ☐

Access problems faced in Eastham (specify):

Handicapped Parking _____
Beach _____
Motel _____
Business _____

Did you know that a Beach Wheelchair is available in Eastham?

Yes ☐ No ☐

Suggestions for improving access for the disabled:

Would you be interested in opportunities for involvement with this committee?

Yes ☐ No ☐

NAME: _____

HOMETOWN _____ **Telephone Number** _____